

<i>SERFF Tracking Number:</i>	<i>MUTM-125644369</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38952</i>
<i>Company Tracking Number:</i>	<i>KAREN HOWLAND</i>		
<i>TOI:</i>	<i>MS05I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS05I.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - UC6516_AR</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UC6516_AR</i>		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: MUTM-125644369 State: ArkansasLH

Advertising - UC6516_AR

TOI: MS05I Individual Medicare Supplement - SERFF Status: Closed State Tr Num: 38952

Standard Plans

Sub-TOI: MS05I.001 Plan A

Co Tr Num: KAREN HOWLAND

State Status: Under Review

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Karen Howland

Disposition Date: 06/12/2008

Date Submitted: 05/13/2008

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Status of Filing in Domicile:

Project Number: UC6516_AR

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/12/2008

State Status Changed: 05/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

NAIC #261-69868

FEIN #47-0322111

United of Omaha Life Insurance Company

Medicare Supplement Advertising

UC6516_AR

SERFF Tracking Number: MUTM-125644369 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38952
Company Tracking Number: KAREN HOWLAND
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Medicare Supplement Advertising - UC6516_AR
Project Name/Number: Medicare Supplement Advertising/UC6516_AR

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Mike Trebold
Product and Advertising Compliance Consultant
Regulatory Affairs
Phone: 402-351-2654
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

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Company and Contact

Filing Contact Information

Mike Trebold, Product & Advertising Compliance Consultant
Regulatory Affairs
Omaha, NE 68175
mike.trebold@mutualofomaha.com
(402) 351-2654 [Phone]
(402) 351-5298[FAX]

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0322111	

SERFF Tracking Number: MUTM-125644369 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38952
Company Tracking Number: KAREN HOWLAND
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Medicare Supplement Advertising - UC6516_AR
Project Name/Number: Medicare Supplement Advertising/UC6516_AR

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$25.00	05/13/2008	20285947

SERFF Tracking Number:	MUTM-125644369	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	38952
Company Tracking Number:	KAREN HOWLAND		
TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	Medicare Supplement Advertising - UC6516_AR		
Project Name/Number:	Medicare Supplement Advertising/UC6516_AR		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	06/12/2008	06/12/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	05/28/2008	05/28/2008	Sally Hess	06/12/2008	06/12/2008

<i>SERFF Tracking Number:</i>	<i>MUTM-125644369</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38952</i>
<i>Company Tracking Number:</i>	<i>KAREN HOWLAND</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - UC6516_AR</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UC6516_AR</i>		

Disposition

Disposition Date: 06/12/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	MUTM-125644369	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	38952
Company Tracking Number:	KAREN HOWLAND		
TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	Medicare Supplement Advertising - UC6516_AR		
Project Name/Number:	Medicare Supplement Advertising/UC6516_AR		

Item Type	Item Name	Item Status	Public Access
Form (revised)	Brochure	Filed	No
Form	Brochure		No

SERFF Tracking Number: MUTM-125644369 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38952
Company Tracking Number: KAREN HOWLAND
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Medicare Supplement Advertising - UC6516_AR
Project Name/Number: Medicare Supplement Advertising/UC6516_AR

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/28/2008
Submitted Date 05/28/2008
Respond By Date 06/30/2008

Dear Mike Trebold,

This will acknowledge receipt of the captioned filing.

Objection 1

- Brochure (Form)

Comment: AR R & R 41 Sec. 6(B) states that "Advertisements shall be truthful and not misleading in fact or in implication. Words or phrases whose meanings are clear only by implication or by the consumer's familiarity with insurance terminology shall not be used."

With that being said, please revise or better define the reference to "Diagnostic Related Group (DRG) outlier per diem", which is found in the Extended Hospital Coverage section on the "Your Medicare Supplement Benefits" page.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/12/2008
Submitted Date 06/12/2008

Dear Stephanie Fowler,

Comments:

Response 1

Comments: Please see the below cover letter and the attached revised advertisement.

NAIC #261-69868

SERFF Tracking Number: MUTM-125644369 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38952
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TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Medicare Supplement Advertising - UC6516_AR
Project Name/Number: Medicare Supplement Advertising/UC6516_AR

FEIN #47-0322111

United of Omaha Life Insurance Company
Medicare Supplement Advertising
UC6516_AR

Dear Ms. Fowler:

Thank you for your review of the above-captioned form previously submitted to your Department on May 13, 2008. This letter is in response to your letter dated May 28, 2008.

You stated that pursuant to AR & R 41 Sec. 6(B) states that "Advertisements shall be truthful and not misleading in fact or in implication. Words or phrases whose meanings are clear only by implication or by the consumer's familiarity with insurance terminology shall not be used." -- We replaced "paid at the Diagnostic Related Group (DRG) day outlier per diem or other appropriate standard of payment" with "at the rate Medicare would have paid."

Your further review and approval of this submission will be most appreciated. If I may be of additional assistance, please feel free to contact me.

Sincerely,

Mike Trebold
Product & Advertising Compliance Consultant
Regulatory Affairs
Phone: 402-351-2435
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

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Related Objection 1

Applies To:

- Brochure (Form)

Comment:

AR R & R 41 Sec. 6(B) states that "Advertisements shall be truthful and not misleading in fact or in implication. Words or phrases whose meanings are clear only by implication or by the consumer's familiarity with insurance terminology shall not be used."

With that being said, please revise or better define the reference to "Diagnostic Related Group (DRG) outlier per

SERFF Tracking Number: MUTM-125644369 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38952

Company Tracking Number: KAREN HOWLAND

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans

Product Name: Medicare Supplement Advertising - UC6516_AR

Project Name/Number: Medicare Supplement Advertising/UC6516_AR

diem", which is found in the Extended Hospital Coverage section on the "Your Medicare Supplement Benefits" page.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Brochure	UC6516_ AR		Advertising	Revised	UC6516_ AR annotated and clean copy		UC6516_ AR (annotated) .pdf, UC6 516_AR - Clean.pdf

Previous Version

Brochure	UC6516_ AR		Advertising	Initial			UC6516_ AR.pdf
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No Rate/Rule Schedule items changed.

Sincerely,
Karen Howland

SERFF Tracking Number: MUTM-125644369 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38952

Company Tracking Number: KAREN HOWLAND

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans

Product Name: Medicare Supplement Advertising - UC6516_AR

Project Name/Number: Medicare Supplement Advertising/UC6516_AR

Form Schedule

Lead Form Number: UC6516_AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	UC6516_AR	Advertising Brochure		Revised	Replaced Form #: UC6516_AR annotated and clean copy Previous Filing #: UC6516_AR		UC6516_AR (annotated).pdf UC6516_AR - Clean.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

2008 Medicare Supplement Insurance Plans



Spontaneous. Fun. Fearless.

Whether you're six or sixty-something, playing keeps you young-at-heart. The difference now, of course, is that you have adult responsibilities, including making sound financial decisions.

You'll probably enjoy playing, however you define it, even more when you feel you've got your bases covered.

A Medicare supplement insurance policy from United of Omaha Life Insurance Company can help you attain that secure feeling. You can be confident that your Medicare supplement benefits will be paid as promised.

Add our friendly personal customer service and affordable premiums – including a discount for your eligible spouse or household resident – and you have the financial value and security you seek.

We've got you covered.

Go play!

Choose the Medicare Supplement Plan That Meets Your Needs

Services and Supplies

Medicare Part A Hospital Coverage

	Medicare Pays	Medicare Supplement Plan A Pays	Medicare Supplement Plan F Pays	Medicare Supplement Plan G Pays
Deductible _____	Nothing _____		\$1,024 _____	\$1,024 _____
First 60 days _____	100% _____			
Coinsurance _____ 61-90 days	All but \$256 a day _____	\$256 a day _____	\$256 a day _____	\$256 a day _____
Coinsurance _____ 91-150 days (Lifetime Reserve)	All but \$512 a day _____	\$512 a day _____	\$512 a day _____	\$512 a day _____
Extended Hospital Coverage _____ (up to an additional 365 days in your lifetime)	Nothing _____	Eligible Expenses _____	Eligible Expenses _____	Eligible Expenses _____
Benefit for Blood _____	All but three pints _____	Three pints _____	Three pints _____	Three pints _____

Skilled Nursing Facility Care

First 20 days _____	100% _____			
Coinsurance _____ 21-100 days	All but \$128 a day _____		Up to \$128 a day _____	Up to \$128 a day _____

Medicare Part B Physician's Services and Supplies

Deductible _____	Nothing _____		\$135 _____	
Coinsurance _____	80% _____	20% _____	20% _____	20% _____
Excess Benefits _____			100% up to Medicare's limit _____	80% up to Medicare's limit _____
Benefit for Blood _____	All but three pints _____	Three pints _____	Three pints _____	Three pints _____

Additional Benefits*

Emergency Care Received Outside the U.S. _____			80% to lifetime max of \$50,000 _____	80% to lifetime max of \$50,000 _____
At-home Recovery Visits _____				\$1,600 _____

Your Premium Your Premium Your Premium

* Refer to the next page and your outline of coverage for more information.

\$ _____ \$ _____ \$ _____

Your Medicare Supplement Benefits

Medicare Part A Hospital Coverage

Deductible — Plans F and G pay the \$1,024 inpatient hospital deductible for each benefit period.

First 60 Days — After the Medicare Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.

Coinsurance — Plans A, F and G pay \$256 a day when you are hospitalized from the 61st through the 90th day. And, when you are in the hospital from the 91st day through the 150th day, you receive \$512 a day for each Lifetime Reserve day used.

Extended Hospital Coverage — When you are in the hospital longer than 150 days during a benefit period, and you have exhausted your 60 days of Medicare Lifetime Reserve, Plans A, F and G pay the Medicare Part A eligible expenses for hospitalization, ~~paid at the Diagnostic Related Group (DRG) day outlier per diem or other appropriate standard of payment,~~ subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood — Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. Plans A, F and G pay this deductible.

Skilled Nursing Facility Care

First 20 Days — Medicare pays all eligible expenses.

Coinsurance — Plans F and G pay up to \$128 a day from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.

Medicare Part B Physician's Services and Supplies

Deductible — Plan F pays the \$135 calendar-year deductible.

Coinsurance — After the Medicare Part B deductible, Plans A, F and G pay 20% of eligible expenses for physician's services, and supplies, physical and speech therapy, and ambulance service.

For hospital outpatient services, the copayment amount will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.

Excess Benefits — Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plan F pays 100% and Plan G pays 80% of the difference, up to the charge limitation established by Medicare.

Benefit for Blood — Medicare has one calendar-year deductible for blood that is the cost of the first three at the rate Medicare would have paid, this deductible.

Additional Benefits

Emergency Care Received Outside the U.S. — After you pay a \$250 calendar-year deductible, Plans F and G pay you 80% of eligible expenses incurred during the first 60 days of a trip up to a lifetime maximum of \$50,000. Benefits are payable for health care you need because of a covered injury or illness.

At-home Recovery Visits — Plan G pays for seven visits a week, up to \$40 a visit up to a maximum of \$1,600 a year for assistance with activities of daily living. Benefits are payable for services necessary for your continuing recovery from an illness, injury or surgery.

The Facts About Your Plan

Your United of Omaha Medicare supplement insurance policy helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. There may be charges above what Medicare and United of Omaha pay.

Medicare Part A Eligible Expenses for Hospital/Skilled Nursing Facility Care include expenses for semiprivate room and board, general nursing, and miscellaneous services and supplies.

Medicare Part B Eligible Expenses for Medical Services include expenses for physicians' services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.

"Medicare Eligible Expenses" means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

A Benefit Period begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance is the portion of the eligible expense not paid by Medicare and paid by United of Omaha.

As Medicare deductibles and coinsurance increase, your Medicare supplement benefits will automatically increase. Benefits are not paid for any expense paid by Medicare.

Benefits are paid to you or to your hospital or doctor.

You have 31 days from your renewal date to pay your premium. Your policy will stay in force during this 31-day grace period.

Your policy is guaranteed renewable. Your policy cannot be canceled. It will be renewed as long as the premiums are paid on time and the information is correct on your application.

You cannot be singled out for a rate increase, no matter how many times you receive benefits. Your premium changes: when the same premium change is made on all in-force Medicare supplement policies of the same form issued to persons of your classification in the same geographic area of your state. Your policy's two-person household premium discount ends if the person you live with terminates his or her policy or moves to a different residence.

You are covered immediately. There is no waiting period for preexisting conditions. Benefits will be paid from the time your policy is in force.

Your United of Omaha Medicare supplement insurance policy will not pay for:

- any expense incurred before your Policy Date
- services for which no charge is made when there is no insurance
- expense paid for by Medicare

This is a brief description of your coverage. The outline of coverage must accompany this brochure. For complete information on benefits, exceptions, limitations and reductions, **please read your outline of coverage and your policy.** This is a solicitation of insurance and an insurance agent will contact you.

Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. United of Omaha Life Insurance Company is licensed in all states except in NY.



Medicare supplement insurance is underwritten by

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza

Omaha, Nebraska 68175

mutualofomaha.com

Policy Form UM1 Plan A
Policy Form UM4 Plan F
Policy Form UM5 Plan G

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

2008 Medicare Supplement Insurance Plans



Spontaneous. Fun. Fearless.

Whether you're six or sixty-something, playing keeps you young-at-heart. The difference now, of course, is that you have adult responsibilities, including making sound financial decisions.

You'll probably enjoy playing, however you define it, even more when you feel you've got your bases covered.

A Medicare supplement insurance policy from United of Omaha Life Insurance Company can help you attain that secure feeling. You can be confident that your Medicare supplement benefits will be paid as promised.

Add our friendly personal customer service and affordable premiums – including a discount for your eligible spouse or household resident – and you have the financial value and security you seek.

We've got you covered.

Go play!

Choose the Medicare Supplement Plan That Meets Your Needs

Services and Supplies

Medicare Part A Hospital Coverage

	Medicare Pays	Medicare Supplement Plan A Pays	Medicare Supplement Plan F Pays	Medicare Supplement Plan G Pays
Deductible _____	Nothing _____		\$1,024 _____	\$1,024 _____
First 60 days _____	100% _____			
Coinsurance _____ 61-90 days	All but \$256 a day _____	\$256 a day _____	\$256 a day _____	\$256 a day _____
Coinsurance _____ 91-150 days (Lifetime Reserve)	All but \$512 a day _____	\$512 a day _____	\$512 a day _____	\$512 a day _____
Extended Hospital Coverage _____ (up to an additional 365 days in your lifetime)	Nothing _____	Eligible Expenses _____	Eligible Expenses _____	Eligible Expenses _____
Benefit for Blood _____	All but three pints _____	Three pints _____	Three pints _____	Three pints _____

Skilled Nursing Facility Care

First 20 days _____	100% _____			
Coinsurance _____ 21-100 days	All but \$128 a day _____		Up to \$128 a day _____	Up to \$128 a day _____

Medicare Part B Physician's Services and Supplies

Deductible _____	Nothing _____		\$135 _____	
Coinsurance _____	80% _____	20% _____	20% _____	20% _____
Excess Benefits _____			100% up to Medicare's limit _____	80% up to Medicare's limit _____
Benefit for Blood _____	All but three pints _____	Three pints _____	Three pints _____	Three pints _____

Additional Benefits*

Emergency Care Received Outside the U.S. _____			80% to lifetime max of \$50,000 _____	80% to lifetime max of \$50,000 _____
At-home Recovery Visits _____				\$1,600 _____

Your Premium Your Premium Your Premium

* Refer to the next page and your outline of coverage for more information.

\$ _____ \$ _____ \$ _____

Your Medicare Supplement Benefits

Medicare Part A Hospital Coverage

Deductible — Plans F and G pay the \$1,024 inpatient hospital deductible for each benefit period.

First 60 Days — After the Medicare Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.

Coinsurance — Plans A, F and G pay \$256 a day when you are hospitalized from the 61st through the 90th day. And, when you are in the hospital from the 91st day through the 150th day, you receive \$512 a day for each Lifetime Reserve day used.

Extended Hospital Coverage — When you are in the hospital longer than 150 days during a benefit period, and you have exhausted your 60 days of Medicare Lifetime Reserve, Plans A, F and G pay the Medicare Part A eligible expenses for hospitalization at the rate Medicare would have paid, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood — Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. Plans A, F and G pay this deductible.

Skilled Nursing Facility Care

First 20 Days — Medicare pays all eligible expenses.

Coinsurance — Plans F and G pay up to \$128 a day from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.

Medicare Part B Physician's Services and Supplies

Deductible — Plan F pays the \$135 calendar-year deductible.

Coinsurance — After the Medicare Part B deductible, Plans A, F and G pay 20% of eligible expenses for physician's services, and supplies, physical and speech therapy, and ambulance service.

For hospital outpatient services, the copayment amount will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.

Excess Benefits — Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plan F pays 100% and Plan G pays 80% of the difference, up to the charge limitation established by Medicare.

Benefit for Blood — Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. Plans A, F and G pay this deductible.

Additional Benefits

Emergency Care Received Outside the U.S. — After you pay a \$250 calendar-year deductible, Plans F and G pay you 80% of eligible expenses incurred during the first 60 days of a trip up to a lifetime maximum of \$50,000. Benefits are payable for health care you need because of a covered injury or illness.

At-home Recovery Visits — Plan G pays for seven visits a week, up to \$40 a visit up to a maximum of \$1,600 a year for assistance with activities of daily living. Benefits are payable for services necessary for your continuing recovery from an illness, injury or surgery.

The Facts About Your Plan

Your United of Omaha Medicare supplement insurance policy helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. There may be charges above what Medicare and United of Omaha pay.

Medicare Part A Eligible Expenses for Hospital/Skilled Nursing Facility Care include expenses for semiprivate room and board, general nursing, and miscellaneous services and supplies.

Medicare Part B Eligible Expenses for Medical Services include expenses for physicians' services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.

"Medicare Eligible Expenses" means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

A Benefit Period begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance is the portion of the eligible expense not paid by Medicare and paid by United of Omaha.

As Medicare deductibles and coinsurance increase, your Medicare supplement benefits will automatically increase. Benefits are not paid for any expense paid by Medicare.

Benefits are paid to you or to your hospital or doctor.

You have 31 days from your renewal date to pay your premium. Your policy will stay in force during this 31-day grace period.

Your policy is guaranteed renewable. Your policy cannot be canceled. It will be renewed as long as the premiums are paid on time and the information is correct on your application.

You cannot be singled out for a rate increase, no matter how many times you receive benefits. Your premium changes: when the same premium change is made on all in-force Medicare supplement policies of the same form issued to persons of your classification in the same geographic area of your state. Your policy's two-person household premium discount ends if the person you live with terminates his or her policy or moves to a different residence.

You are covered immediately. There is no waiting period for preexisting conditions. Benefits will be paid from the time your policy is in force.

Your United of Omaha Medicare supplement insurance policy will not pay for:

- any expense incurred before your Policy Date
- services for which no charge is made when there is no insurance
- expense paid for by Medicare

This is a brief description of your coverage. The outline of coverage must accompany this brochure. For complete information on benefits, exceptions, limitations and reductions, **please read your outline of coverage and your policy.** This is a solicitation of insurance and an insurance agent will contact you.

Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. United of Omaha Life Insurance Company is licensed in all states except in NY.



Medicare supplement insurance is underwritten by

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza

Omaha, Nebraska 68175

mutualofomaha.com

Policy Form UM1 Plan A
Policy Form UM4 Plan F
Policy Form UM5 Plan G

<i>SERFF Tracking Number:</i>	<i>MUTM-125644369</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38952</i>
<i>Company Tracking Number:</i>	<i>KAREN HOWLAND</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - UC6516_AR</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UC6516_AR</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MUTM-125644369</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38952</i>
<i>Company Tracking Number:</i>	<i>KAREN HOWLAND</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
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<i>Product Name:</i>	<i>Medicare Supplement Advertising - UC6516_AR</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UC6516_AR</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Brochure	05/13/2008	UC6516_AR.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

2008 Medicare Supplement Insurance Plans



Spontaneous. Fun. Fearless.

Whether you're six or sixty-something, playing keeps you young-at-heart. The difference now, of course, is that you have adult responsibilities, including making sound financial decisions.

You'll probably enjoy playing, however you define it, even more when you feel you've got your bases covered.

A Medicare supplement insurance policy from United of Omaha Life Insurance Company can help you attain that secure feeling. You can be confident that your Medicare supplement benefits will be paid as promised.

Add our friendly personal customer service and affordable premiums – including a discount for your eligible spouse or household resident – and you have the financial value and security you seek.

We've got you covered.

Go play!

Choose the Medicare Supplement Plan That Meets Your Needs

Services and Supplies

Medicare Part A Hospital Coverage

	Medicare Pays	Medicare Supplement Plan A Pays	Medicare Supplement Plan F Pays	Medicare Supplement Plan G Pays
Deductible _____	Nothing _____		\$1,024 _____	\$1,024 _____
First 60 days _____	100% _____			
Coinsurance _____ 61-90 days	All but _____ \$256 a day	\$256 _____ a day	\$256 _____ a day	\$256 _____ a day
Coinsurance _____ 91-150 days (Lifetime Reserve)	All but _____ \$512 a day	\$512 _____ a day	\$512 _____ a day	\$512 _____ a day
Extended Hospital Coverage _____ (up to an additional 365 days in your lifetime)	Nothing _____	Eligible _____ Expenses	Eligible _____ Expenses	Eligible _____ Expenses
Benefit for Blood _____	All but _____ three pints	Three pints _____	Three pints _____	Three pints _____

Skilled Nursing Facility Care

First 20 days _____	100% _____			
Coinsurance _____ 21-100 days	All but _____ \$128 a day		Up to _____ \$128 a day	Up to _____ \$128 a day

Medicare Part B Physician's Services and Supplies

Deductible _____	Nothing _____		\$135 _____	
Coinsurance _____	80% _____	20% _____	20% _____	20% _____
Excess Benefits _____			100% _____ up to Medicare's limit	80% _____ up to Medicare's limit
Benefit for Blood _____	All but _____ three pints	Three pints _____	Three pints _____	Three pints _____

Additional Benefits*

Emergency Care Received _____ Outside the U.S.			80% to _____ lifetime max of \$50,000	80% to _____ lifetime max of \$50,000
At-home Recovery Visits _____				\$1,600 _____

Your Premium Your Premium Your Premium

* Refer to the next page and your outline of coverage for more information.

\$ _____ \$ _____ \$ _____

Your Medicare Supplement Benefits

Medicare Part A Hospital Coverage

Deductible — Plans F and G pay the \$1,024 inpatient hospital deductible for each benefit period.

First 60 Days — After the Medicare Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.

Coinsurance — Plans A, F and G pay \$256 a day when you are hospitalized from the 61st through the 90th day. And, when you are in the hospital from the 91st day through the 150th day, you receive \$512 a day for each Lifetime Reserve day used.

Extended Hospital Coverage — When you are in the hospital longer than 150 days during a benefit period, and you have exhausted your 60 days of Medicare Lifetime Reserve, Plans A, F and G pay the Medicare Part A eligible expenses for hospitalization, paid at the Diagnostic Related Group (DRG) day outlier per diem or other appropriate standard of payment, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood — Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. Plans A, F and G pay this deductible.

Skilled Nursing Facility Care

First 20 Days — Medicare pays all eligible expenses.

Coinsurance — Plans F and G pay up to \$128 a day from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.

Medicare Part B Physician's Services and Supplies

Deductible — Plan F pays the \$135 calendar-year deductible.

Coinsurance — After the Medicare Part B deductible, Plans A, F and G pay 20% of eligible expenses for physician's services, and supplies, physical and speech therapy, and ambulance service.

For hospital outpatient services, the copayment amount will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.

Excess Benefits — Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plan F pays 100% and Plan G pays 80% of the difference, up to the charge limitation established by Medicare.

Benefit for Blood — Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. Plans A, F and G pay this deductible.

Additional Benefits

Emergency Care Received Outside the U.S. — After you pay a \$250 calendar-year deductible, Plans F and G pay you 80% of eligible expenses incurred during the first 60 days of a trip up to a lifetime maximum of \$50,000. Benefits are payable for health care you need because of a covered injury or illness.

At-home Recovery Visits — Plan G pays for seven visits a week, up to \$40 a visit up to a maximum of \$1,600 a year for assistance with activities of daily living. Benefits are payable for services necessary for your continuing recovery from an illness, injury or surgery.

The Facts About Your Plan

Your United of Omaha Medicare supplement insurance policy helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. There may be charges above what Medicare and United of Omaha pay.

Medicare Part A Eligible Expenses for Hospital/Skilled Nursing Facility Care include expenses for semiprivate room and board, general nursing, and miscellaneous services and supplies.

Medicare Part B Eligible Expenses for Medical Services include expenses for physicians' services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.

"Medicare Eligible Expenses" means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

A Benefit Period begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance is the portion of the eligible expense not paid by Medicare and paid by United of Omaha.

As Medicare deductibles and coinsurance increase, your Medicare supplement benefits will automatically increase. Benefits are not paid for any expense paid by Medicare.

Benefits are paid to you or to your hospital or doctor.

You have 31 days from your renewal date to pay your premium. Your policy will stay in force during this 31-day grace period.

Your policy is guaranteed renewable. Your policy cannot be canceled. It will be renewed as long as the premiums are paid on time and the information is correct on your application.

You cannot be singled out for a rate increase, no matter how many times you receive benefits. Your premium changes: when the same premium change is made on all in-force Medicare supplement policies of the same form issued to persons of your classification in the same geographic area of your state. Your policy's two-person household premium discount ends if the person you live with terminates his or her policy or moves to a different residence.

You are covered immediately. There is no waiting period for preexisting conditions. Benefits will be paid from the time your policy is in force.

Your United of Omaha Medicare supplement insurance policy will not pay for:

- any expense incurred before your Policy Date
- services for which no charge is made when there is no insurance
- expense paid for by Medicare

This is a brief description of your coverage. The outline of coverage must accompany this brochure. For complete information on benefits, exceptions, limitations and reductions, **please read your outline of coverage and your policy.** This is a solicitation of insurance and an insurance agent will contact you.

Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. United of Omaha Life Insurance Company is licensed in all states except in NY.



Medicare supplement insurance is underwritten by

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza

Omaha, Nebraska 68175

mutualofomaha.com

Policy Form UM1 Plan A
Policy Form UM4 Plan F
Policy Form UM5 Plan G